FORM D

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

SEC Mail Processing Section

SEP 082008

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL

OMB Number

Expires:

Estimated average burden

hours per response ...... 16.00

SEC USE ONLY Serial

Prefix

Date Received

Woohington, DC						
Name of Offering ([] check if this is an amendment	and name has changed	, and indicate chang	c.)			
The Robbins #1, Robbins #2 and Robbin	s #3 Prospect	·- <u></u> ,		<del> </del>		<del> </del>
Filing Under (Check box(es) that apply): Type of Filing: [X] New Filing	[] Rule 504	[] Rule 505	[X] Rule 506	[ ] Section 4(6)	) ពួបco	E
	A. BASIC	IDENTIFICATI	ON DATA			
Enter the information requested about	ut the issuer					
Name of Issuer ([ ] check if this is an amendm	ent and name has ch	anged, and indicat	e change.)			
The Robert Alexander Group LLC				(305) 373-05		
Address of Executive Offices (Number and St	reet, City, State, Zip	Code)		Telephone Number	er (Including	(Area Code)
One NE 2 <sup>nd</sup> Avenue, Suite 206, Miami, J	lorida 33132				<del></del>	
Address of Principal Business Operations (Nu (if different from Executive Offices)	mber and Street, City	y, State, PRO	CESSED	Telephone Numb	er (including	(Area Code)
,		∕ CED	1 2 2008	111111	i i i i i i i i i i i i i i i i i i i	IANA ANALANIN ARRESTA
Same as above Brief Description of Business						
•		THOMS	ON REUTERS	1.1041111 \$		
Sale of Working Interests in Oil and Gas	Wells				080596	)5U
Type of Business Organization		adu farmed	FV 1 other (nles	se specify): limited	l lighility cor	mnanv
[]	ited partnership, alre- ited partnership, to b	•	[X] outer (pro-	ise specify. Inthoo	i naoning co.	.,put.y
		MONTH		EAR	Actual	[] Estimated
Actual or Estimated Date of Incorporation or Jurisdiction of Incorporation or Organization:	<del>-</del>	<u>August</u> U.S. Postal Servi	ce abbreviation for S		Actual	[ ] Estimated
Turisdiction of Investoration of Organization			ther foreign jurisdic		[FL]	

**GENERAL INSTRUCTIONS** 

FEDERAL: Who must file: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When to file: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below, or if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to file: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

STATE: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### **ATTENTION**

Failure to file notice in the appropriate states will not result in loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

#### A. BASIC IDENTIFICATION DATA

- Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - \* Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - \* Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply: []Promoter [X]Beneficial Owner [X] Executive Officer []Director [] General and/or Managing Partner
Full Name (Last name first, if individual)
Eric A. Levine Business or Residence Address (Number and Street, City, State, Zip Code)
One NE 2 <sup>nd</sup> Avenue, Suite 206, Miami, Florida 33132  Check Box(es) that Apply: [Promoter [X]Beneficial Owner [X] Executive Officer [Director [General and/or Managing Partner
Full Name (Last name first, if individual)
Robert A. Minor Business or Residence Address (Number and Street, City, State, Zip Code)
One NE 2 <sup>nd</sup> Avenue, Suite 206, Miami, Florida 33132  Check Box(es) that Apply: [Promoter [Beneficial Owner [Executive Officer [Director [General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: []Promoter []Beneficial Owner []Executive Officer []Director [] General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: []Promoter []Beneficial []Owner []Executive Officer []Director [] General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

				_		B. INFO	ORMAT	ION ABO	OUT OF	FERING	}				
1.	Has the	issuer so	ld, or doe	s the issu	er intend	to sell, to	non-acc	redited in	vestors i	n this off	ering?			Yes []	No [X]
			A	nswer also	in Appe	endix, Col	lumn 2, i	f filing ur	nder ULO	E.					
2.	What is the minimum investment that will be accepted from any individual?										\$ <u>106.</u>				
3.	Does the offering permit joint ownership of a single unit?											Yes [X]	No []		
4.	or simil listed is of the b	ar remun an assoc roker or c	eration fo iated pers lealer. If r	r solicita	tion of pu nt of a br five (5) p	irchasers oker or de ersons to	in conne	ction With	i sales of the SE(	securitie	s in the o with a sta	Hering. L te or state	ny commission f a person to be es, list the name ter, you may set		
Full N	lame (Las	t name fi	rst, if ind	ividual)											
Busin	ess or Res	idence A	ddress (N	lumber aı	nd Street,	City, Sta	te, Zip C	ode)							
Name	of Assoc	ated Bro	ker or De	aler											
States (C	in Which Check "Al	Person l States"	Listed Ha or check i	s Solicite ndividual	d or Inter States)	nds to Sol	icit Purcl	nasers	************************	•••••	•••••		****************	[ ] All	States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] KY] NJ] TX]	(CO) LA (NM) (UT)	CT] ME] NY] VT]	DE] MD] NC] VA]	[DC] [MA] [ND] [WA]	(FL) (MI) (OH) (WV)	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full N	Name (Las	t name fi	rst, if ind	ividual)	<del>-</del>						<u> </u>				
Busin	ess or Re	sidence A	ddress (1	Vumber a	nd Street,	City, Sta	ite, Zip C	ode)		· · · · · · · · · · · · · · · · · · ·		<del></del>		<u> </u>	
Name	of Assoc	iated Bro	ker or De	aler										· · · ·	<del></del>
	s in Which								***********					[] All	States
`	[AL] [L] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	CT] ME] NY] VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full	Name (La	st name f	irst, if ind	ividual)					<u></u>						<del></del>
Busir	ness or Re	sidence A	Address (I	Number a	nd Street	, City, Str	ate, Zip C	Code)							•
Name	e of Assoc	iated Bro	ker or De	ealer		· ·			***************************************						
	s in Whic Check "A									***********				[ ] All	States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

3 of 8

<sup>\*</sup>Officers and Members of the Company will sell Units in the Prospect.

### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Offering Price Sold Type of Security <u>Debt</u>..... -0-**\$ -**0-Equity ..... ☐ Common [] Preferred Convertible Securities (including warrants) ..... -0-Partnership Interests ..... -0-\$ 2,130,000 Other (Specify Working Interests **\$**2,130,000 -0-Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of Aggregate persons who have purchased securities and the aggregate dollar amount of their purchase on the total lines. Enter "0" if answer is "none" or "zero." Dollar Amount of Purchases Number of Investors -0--0-Accredited Investors ..... -0-Non-accredited Investors ..... N/A Total (for filings under Rule 504 only) ..... N/A Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Dollar Amount Type of Sold Security Type of offering Rule 505 Rule 504 Furnish a statement for all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts in relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Printing and Engraving Costs . . . . . [x ]

426,000

Other Expenses (identify) Organization and Offering Costs and General and Administrative Expenses .... [x]

<ul> <li>Enter the difference between the aggregatotal expenses furnished in response to Part C-C to the issuer."</li> </ul>	te offering price given in response to Part C-Question 1 and Question 4.a. This difference is the "adjusted gross proceeds		<b>\$ 1</b> ,704,000
of the purposes shown. If the amount for any pr	s proceeds to the issuer used or proposed to be used for each urpose is not known, furnish an estimate and check the box ments listed must equal the adjusted gross proceeds to the 4.b. above.	Payments to Officers, Directors & Affiliates	Payments To
Salaries and fees	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	[]\$_684,440	[]\$0-
Purchase of real estate		[]\$0-	[]\$0-
Purchase, rental or leasing and installati	on of machinery and equipment	[]\$ <u>-0-</u>	[]\$0
Construction or leasing of plant buildin	gs and facilities	[]\$0	[]\$ <u>-0-</u>
Acquisition of other businesses (includithis offering that may be used in exchanges pursuant to a merger)	ng the value of securities involved in ge for the assets or securities of another	[]\$0	[]\$ -0-
•		[]\$0-	[]\$0-
		[]\$0-	[]\$0-
• .		[]\$0	[]\$_1,019,566
Column Totals		[] <b>\$</b> _684,440_	[]\$ <u>1.019.56</u>
Total Payments Listed (column totals a	D. FEDERAL SIGNATURE	{ <b>] \$ 1.704.000</b>	_
he issuer has duly caused this notice to be signed onstitutes an undertaking by the issuer to furnis urnished by the issuer to any non-accredited investigations.	by the undersigned duly authorized person. If this notice is fi h to the U.S. Securities and Exchange Commission, upon estor pursuant to paragraph (b)(2) of Rule 502.	iled under Rule 505, t written request of its	he following signa staff, the informa
Issuer (Print or Type)	Signature		
The Robert Alexander Group LLC	12/0 9	14/08	<u> </u>
Name of Signer (Print or Type)	Title of Signer (Print or Type)		
Robert A. Minor	Member		

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

	E. STATE SIGNATURE
	Yes No
1.	Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?
	See Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.

4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)  The Robert Alexander Group LLC	Signature	Date 9/4/08
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Robert A. Minor	Member	

#### Instruction

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# **APPENDIX**

1	7		3			4			5
	Intend to non-acco invest Str (Part B-	credited ors in	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			Disqualification under State ULOE (if yes, -attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	Units of Working Interests	Number of accredited investors	Amount	Number of non-accredited investors	Amount	Yes	No
AL		х	\$2,130,000						х
AK		х	\$2,130,000						x
AZ	-	x	\$2,130,000		<del></del>				x
AR		x	\$2,130,000						х
CA		х	\$2,130,000	<u> </u>					x
СО		х	\$2,130,000						х
СТ		х	\$2,130,000					<u> </u>	х
DE		х	\$2,130,000						х
DC		х	\$2,130,000		<u> </u>				х
FL		х	\$2,130,000	†					х
GA		х	\$2,130,000		<del></del>				х
HI		х	\$2,130,000						х
ID		х	\$2,130,000						х
<u>n</u>		х	\$2,130,000						х
IN		х	\$2,130,000					,	х
IA		х	\$2,130,000						х
KS		х	\$2,130,000						х
KY		х	\$2,130,000						х
LA		х	\$2,130,000						x
ме		х	\$2,130,000						х
MD		х	\$2,130,000						х
MA		х	\$2,130,000			•			х
MI		х	\$2,130,000						х
MN		х	\$2,130,000						х
MS		х	\$2,130,000						х
МО		x	\$2,130,000	<u> </u>			<u> </u>		х

## **APPENDIX**

1	2	2	3	<del></del>	<del></del>	4			5
	Intend to non-acconinvest Str (Part B-	oredited ors in ate	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			State ULC attach exp waiver	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No	Units of Working Interests	Number of accredited investors	Number of accredited Number of non-accredited			Yes	No
МТ		х	\$2,130,000						х
NE		х	\$2,130,000						х
NV		х	\$2,130,000						х
NH		х	\$2,130,000						х
NJ		х	\$2,130,000						х
NM		х	\$2,130,000						х
NY		х	\$2,130,000						х
NC		х	\$2,130,000						х
ND		х	\$2,130,000				_		х
ОН		х	\$2,130,000						х
ОК		х	\$2,130,000						х
OR		х	\$2,130,000						х
PA		х	\$2,130,000						х
RI		х	\$2,130,000						х
SC		х	\$2,130,000			_			х
SD		х	\$2,130,000						х
TN		х	\$2,130,000						х
TX		х	\$2,130,000						х
UT		х	\$2,130,000						х
VT		х	2,777,770					•	х
VA		х	\$2,130,000						х
WA		х	\$2,130,000						х
wv		х	\$2,130,000						х
WI		х	\$2,130,000						х
WY		х	\$2,130,000						х
PR		х	\$2,130,000						х

